STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lot	obyist(s) Brian P. Grip			
II. Name of lob	obyist's partnership, firm or co	orporation, if ar	ıy:	
Bank of Amer	ica Corporation			
	(Name of partnership, firm or co	rporation)		
900 Elm Stree	et 17th Floor, NH9-900-17-02	Manchester	NH	03101
Business Address		(Town/City)	(State)	(Zip Code)
(603) <u>647-763</u> (Telep		804-5281 (Fax)	e-mail brian.p.	grip@bankofamerica.com
reportable exp	ense transactions which are n	ot attributable t	o any one client).	u may file a separate report for
·	ble transactions occurring in the	months prior to t	ne reporting date relative	to the following client:
Dank Ol-Amei	ica Corporation (Full Name of Client as it	appears on the Lo	bbyist Registration Form)	
<u>OR</u>	(,,	
•	le transactions by the lobbyist (i y particular client.	ncluding the lob	byist's family), or the lobb	ying firm listed below which are
IV. Date of Re	port April 25, 2018		July 25, 2018	
Reports cover:	activity from date of registration	to 3/31/18	activity from 4/1/18 to 6/3	
	October 31, 2018 activity from 7/1/18 to 9/30	/18	January 30, 2019 activity from 10/1/18 to 1	
	e been no fees received and ecked, complete just this form at 3301.			
VI Charleif a	dditional reports are attached:			
	received fees or made expendit		le Addendum A- Fees ar	nd Expenses
•	paid an honorarium or reimbur	- ·		
•		political contribu	utions, you must file Adde	endum C– Political Contributions
I have read RSA	ent/Affirmation by Lobbyist A 15, RSA 15-B, RSA 14-C and to the best of my knowledge and obbyist)	RSA 664 and hobelief.	ereby swear or affirm that	the foregoing information is true 9 (Date) RECEIVED
(Print Name of	f lobbyist)	-		IAN 16 2019

NEW HAMPSHIRE DEPARTMENT OF STATE